

Irwin County Detention Center

Formal Grievance Form

Date: _____

Grievance #: _____

Inmate/Detainee Name: _____ Inmate/Detainee #: _____

Complaint: _____

Witnesses: _____

Inmate/Detainee Signature

Date

Response/Resolution: _____

Inmate/Detainee Signature

Date:

Staff Name/Signature

Date:

EXHIBIT
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